



Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1600
CD-ROM or CD-R?:: None
Title:: AT LEAST PARTIAL PREVENTION AND/OR REDUCTION OF CELLULAR DAMAGE IN TISSUE THAT HAS SUFFERED FROM OR IS SUFFERING FROM HYPOXIA AND/OR ISCHAEMIA AND/OR INFLAMMATION
Attorney Docket Number:: 2183-6141US
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 21
Small Entity:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: The Netherlands
Status:: Full Capacity
Given Name:: Wouter
Middle Name:: Bernard
Family Name:: Veldhuis
City of Residence:: Utrecht
State or Province of Residence::
Country of Residence:: The Netherlands
Street of mailing address:: Achter de Dom 8
City of mailing address:: Utrecht
State or Province of mailing address::
Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 3512 JP
Applicant Authority type:: Inventor
Primary Citizenship Country: The Netherlands
Status:: Full Capacity
Given Name:: Petrus
Middle Name:: Hendrikus
Family Name:: van der Meide
City of Residence:: Nootdorp
State or Province of Residence::
Country of Residence:: The Netherlands
Street of mailing address:: Kastanjelaan 2
City of mailing address:: Nootdorp
State or Province of mailing address::
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address:: 2631 HT
Applicant Authority type:: Inventor
Primary Citizenship Country: The Netherlands
Status:: Full Capacity
Given Name:: Klaas
Middle Name::
Family Name:: Nicolay
City of Residence:: Houten
State or Province of Residence::
Country of Residence:: The Netherlands
Street of mailing address:: Tournooikamp 12
City of mailing address:: Houten
State or Province of mailing address::
Country of mailing address:: The Netherlands
Postal or Zip Code of mailing address:: 3992 CM

Correspondence Information

Correspondence Customer Number:: 24247

Representative Information

Representative Customer Number:: 24247

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/NL01/00217	04/03/02

Assignee Information

Assignee Name:: Universitair Medisch Centrum Utrecht

Street of mailing address:: Heidelberglaan 8

City of mailing address:: Utrecht

State or Province of mailing address::

Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 3584 CX

Assignee Name:: Universiteit Utrecht Holding B. V.

Street of mailing address:: Jenalaan 18a

City of mailing address:: Utrecht

State or Province of mailing address::

Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 3584 CK